

City of Wheatland

313 Main Street

Wheatland, California

95692

TELEPHONE (530) 633-2761 FAX (530) 633-9102

RENEWAL FOR BUSINESS LICENSE

PART A - BUSINESS INFORMATION	(Please type or print clearly)
1. Business Name	2. Business Telephone Number
3. Mailing Address	
4. Business Address (If different from ma	ailing address)
5. Business Start Date	6. Business Cease Date
7. Type of Business	
PART B - OWNER INFORMATION	
8. Owner/Officer Name (Last, First, M.) or Corp/Partnership Name	I.) 9. Owner Home Phone
10. Owner Address (Home Office Addre Proprietorship)	ss of Corporation or Residence of Owner of Sole
11. Ownership Type (Circle One)	
Sole Proprietor Partn	ership Corporation Trust
12. Social Security Number 13. Federa	d Employer ID Number 14. State Employer ID Number
15. Board of Equalization Number	16. State Contractors License Number
]	FOR CITY USE ONLY
17. License Amount Paid	18. Date
19. Annual Fire Inspection	20. Signature